



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Zika Virus Serology

Provider Requirements	<ul style="list-style-type: none">• ROUTINE SAMPLES SHOULD BE SENT TO COMMERCIAL LABORATORIES.• Testing of routine samples will not be performed.• PRIOR CONSULTATION REQUIRED - REQUESTED through consultation with epidemiology only.• Contact your local or regional public health department.
Acceptable Specimen Sources/Type(s) for Submission	Serum
TDH Requisition Form Number	PH-4182 and Decision Tree
Media Requirements	
Special Instructions	Must Include a completed Decision Tree.
Shipping Instructions	<ul style="list-style-type: none">• Ship COLD on cold packs• DO NOT FREEZE
Laboratory Section Performing Testing	ROUTINE SAMPLES SHOULD BE SENT TO COMMERCIAL LABORATORY FOR TESTING.
Lab Location(s) Performing Test	Nashville PRIOR CONSULTATION REQUIRED - REQUESTED through consultation with epidemiology only.

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).